

2020 SPONSORSHIP CONTRACT

Inventor \$75,000

- Priority seating for 30 guests (three tables)
- Four seats with Drew Brees at luncheon
- Invitation to VIP Reception for all guests and ten photo opportunities with Drew Brees
- VIP Valet Parking
- Patron Party invitation for all guests
- Recognition as Presenting Sponsor during luncheon, in invitation, program, and media

Innovator \$50,000

- Premier seating for 20 guests (two tables)
- Two seats with Drew Brees at luncheon
- Invitation to VIP Reception for all guests and six photo opportunities with Drew Brees
- VIP Valet Parking
- Patron Party invitation for all guests
- Recognition during luncheon, in invitation, program, and media

Transformer \$25,000

- Exceptional seating for 10 guests (one table)
- Invitation to VIP Reception for all guests and four photo opportunities with Drew Brees
- VIP Valet Parking
- Patron Party invitation for all guests
- Recognition in invitation, program, and media

Accelerator \$15,000

- Excellent seating for 10 guests (one table)
- Invitation to VIP Reception for six guests and three photo opportunities with Drew Brees
- VIP Valet Parking
- Patron Party invitation for all guests
- Recognition in invitation, program, and media

Illuminator \$10,000

- Patron table for 10 guests
- Invitation to VIP Reception for four guests and one photo opportunity with Drew Brees
- VIP Valet Parking
- Patron Party invitation
- Recognition in invitation, program, and media

Explorer \$5,000

- Sponsor table for 10 guests
- Invitation to VIP Reception for two guests and one photo opportunity with Drew Brees
- VIP Valet Parking
- Patron Party invitation
- Recognition in invitation, program, and media

Additional Options

- My company has a corporate match program.
- I decline all benefits.
- I cannot attend the Luncheon, but would like to make a donation.

Name _____ OR I/We prefer not to be listed in print materials

As it should be listed in all printed materials

Billing Address _____ City/State/Zip _____

Email _____ Phone _____ Home | Cell | Work
Please circle one

Payment Information

Amount \$ _____ Mastercard Visa American Express Discover

Name on Card _____

Credit Card Number _____ Exp. Date _____ CVV Code _____

Additional Payment Options

Enclosed is my check for \$ _____ payable to Retina Foundation of the Southwest

To be listed in the invitation, please have your contract and payment postmarked by Monday, January 6, 2020.

Please return to:

www.retinafoundation.org | 214.363.3911 | FAX 214.363.4538 | vpeterson@retinafoundation.org
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